

Case Number:	CM15-0221752		
Date Assigned:	11/17/2015	Date of Injury:	12/17/2014
Decision Date:	12/31/2015	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	11/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female patient who sustained an industrial injury on 12-17-14. She sustained the injury while removing the box from the shelf, it fell and hit on her. The diagnoses include lumbar sprain, cervical sprain, thoracic sprain, shoulder sprain, thoracic dysfunction, and lumbar dysfunction. Per the doctor's note dated 8-26-15, she had complaints of "moderate" lower back pain with bilateral leg numbness, worse on the right with pain and cramping to the right calf, neck pain with headaches, and neck pain worse with extension and rotation. Objective findings on 8-26-15 include a "significant" flare up of the injury. Physical exam on 1/27/15 revealed cervical spasm and tenderness, lumbar spasm and decreased range of motion of the cervical and lumbar spine. The medications list includes Relafen and norflex. An emergency room visit on 5-11-15 noted cervical, thoracic and lumbar spinous processes were non tender to palpation, slight tenderness to palpation at the paraspinal muscles (left) and positive straight leg raise. Work status was noted as temporary total disability. Previous treatment includes Relafen, Norflex, and chiropractic treatment. On 11-11-15, the requested treatment (per the 8-26-15 order) of chiropractic treatment for the neck, lumbar spine, and pelvis: 8 sessions was modified to 4 sessions, electrical stimulation (unattended) for the neck, lumbar spine and pelvis: 8 sessions was modified to 4 sessions, and massage therapy for the neck, lumbar spine, and pelvis: 8 sessions was modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic treatment for the neck, lumbar spine and pelvis, quantity: 8 sessions, per 08/26/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: Per the MTUS chiropractic treatment guidelines chiropractic therapy is recommended as an option for low back complaints. The guidelines recommend "Elective/maintenance care - Not medically necessary. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient had unspecified numbers of previous chiropractic sessions. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic treatment for the neck, lumbar spine and pelvis, quantity: 8 sessions, per 08/26/2015 order is not established for this patient at this time.

Electric stimulation (unattended) for the neck, lumbar spine and pelvis, quantity: 8 sessions, per 08/26/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the cited guidelines "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies..." According to the cited guidelines, TENS is "not

recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of Electric stimulation (unattended) for the neck, lumbar spine and pelvis, quantity: 8 sessions is not established for this patient.

Massage for the neck, lumbar spine and pelvis, quantity: 8 sessions, per 08/26/2015 order:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Per the cited guidelines "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies..." Per the CA MTUS guidelines, regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." "Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided." Failure to previous conservative therapy including pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Massage for the neck, lumbar spine and pelvis, quantity: 8 sessions, per 08/26/2015 order is not fully established for this patient.